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ABSTRACT

This collection of papers examines contemporary issues and problems in bilingual special education. The first paper, by Lizette A. Cantres, discusses Federal and State laws and regulations related to bilingual special education, with respect to litigation in the case of "Jose P." The problems of assessment of bilingual children under a monolinguistic testing system are examined in the second paper, by Rafaela E. Weffer; the author presents a study of twenty Hispanic children and explores issues raised by a review of the literature. A third paper, by Eva M. Gavillan-Torres, examines the processes for diagnosing and serving Hispanic children who are believed to be mentally retarded or to have learning disorders or speech and hearing impairments. In the fourth paper, author Rosa Maria Gil examines the relationship between cultural attitudes toward mental illness and the use of mental health services among groups of Puerto Rican mothers and their elementary school children. The final paper in the collection is by Carmen D. Ortiz and discusses the masters degree program in special education at Bank Street College of Education as a model for standards in teacher training; this paper identifies a variety of special education professionals and defines their functions and required competencies. (Author/JCD)

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SPECIAL EDUCATION AND THE HISPANIC CHILD

Proceedings from the Second Annual Colloquium on Hispanic Issues

HERMINIO MARTINEZ, *Editor*

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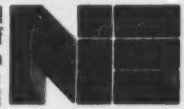

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The papers here are the authors' written versions of their presentations. The original text has not been altered in content, style, or format. The opinions expressed in these papers do not necessarily reflect the opinion of the conference sponsors, or the publishers of the proceedings.

TABLE OF CONTENTS

1. *Introduction* 7
   Herminio Martinez

2. **Jose P.** *and the Right to Bilingual Special Education* 11
   Lizette A. Cantres

3. *Factors to be Considered When Assessing Bilingual Hispanic Children* 19
   Rafaela E. Weffer

4. *Preliminary Report on a Project to Examine the State of the Art in Assessment of Hispanic Children Suspected of Handicaps* ... 31
   Eva M. Gavillan-Torres

5. *Puerto Rican Mothers' Cultural Attitudes Toward Children's Problems and Toward the Use of Mental Health Services* 49
   Rosa Maria Gil

6. *Training Educators to Meet the Needs of Hispanic Exceptional Students: A Perspective* 61
   Carmen D. Ortiz

INTRODUCTION

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With the revival of bilingual education in the public schools of the United States, which began with the passage of the Elementary and Secondary Education Act of 1968 (Title VII) and gathered momentum through the 1970's, a right which is basic to our American democracy was gained by children whose native language is not English. This was the opportunity to receive instruction in a language they understand and to advance academically at a rate commensurate with their ability, while at the same time developing proficiency in the English language. The reasonableness of such an approach seems obvious, particularly in view of the appalling record of failure of other-language students in an English language educational system; yet efforts toward the implementation of bilingual education have been greeted with an unwarranted amount of resistance, much of it inspired by incomplete data or ignorance of the facts. Despite the emotionally charged arguments of opponents of bilingual education, who rely more on ethnocentric rhetoric than on empirical evidence, development of the student's proficiency in English has always been a primary goal of bilingual instruction. Indeed, the underlying principle of this approach is to provide the advantage of fluency in two languages, thereby overcoming the limitation of mono- or sesquilingualism.

But even within the English-speaking majority, there are groups that traditionally have not been given their due by the educational establishment of this nation. These of course are the handicapped who, because of a wide variety of physical, emotional, or intellectual conditions, have found they are "less equal" than students who do not share their special needs. In recent years, efforts have intensified to ensure that handicapped students receive the education to which they are entitled, but in many schools, the score on compliance with Public Law 94-142 (the Education for All Handicapped Children Act of 1975) is less than perfect.

If the quality of special education services presently available to handicapped children of the majority group is inconsistent—very good in some places, nonexistent in others—then it stands to reason that comparable services for handicapped children from ethnolinguistic minority groups are in even greater need of improvement. The magnitude of the situation is indicated by the following statistics: nonnative speakers of English now account for approximately 20 percent of the population of the United States; by the year 2000, 25 percent of the population will be native speakers of Spanish, and another seven percent will be native speakers of languages other than English or Spanish; ergo, 32 percent of

the population will be nonnative speakers of English, and a proportionate number of their children may be expected to require special education.

In 1976-77, the Office of Civil Rights Elementary and Secondary School Survey identified 172,363 Hispanic children in the United States with physical and non-physical handicapping conditions. In 1978-79, this survey found 173,863 Hispanic children with non-physical handicaps—a greater number than had been counted two years before in both categories.

According to the *Lau* decision (*Lau* v. *Nichols*, 414 U.S. 563, 1974), the Supreme Court ruled that school districts must take "affirmative steps" to overcome the language barriers of children of limited English proficiency. Though the handicapped are not specifically mentioned in the Lau decision, it is clear that as students in the public schools of this nation, they are entitled to the educational benefits the law mandates. Despite the present Administration's overruling of the remedies proposed by its predecessor, the Supreme Court decision still stands, and affirmative steps are still required to satisfy the needs of children of limited English proficiency, handicapped and nonhandicapped alike. What steps this Administration will propose, and whether they will be deemed appropriate by other branches of the government, remains to be seen.

But while federal policymakers debate the legal means to an educational end, not enough is being done to improve the lot of the handicapped child in need of bilingual special education. Eva Gavillan-Torres, in *Answering the Needs of Hispanic Handicapped Children: Facts and Issues* (Aspira Center for Educational Equity, Washington, D.C., 1981, p. 1), succinctly describes the plight of these children who belong to this nation's fastest growing ethnolinguistic minority.

> There is a lack of bilingual-bicultural individuals equipped to assess, evaluate, and teach the Hispanic handicapped child. Very few standardized tools take into account linguistic and cultural differences. Schools do not have bilingual-bicultural education programs, and often misplace the limited English proficient Hispanic child in classes for the retarded or learning disabled, thus creating other learning disabilities. Inadequate labeling of these children is frequent because educators follow conceptual models that were not intended for individuals with learning problems due to cultural and linguistic differences. There is a need for bilingual-bicultural special education programs—NOW!

Mindful of the concerns so aptly expressed by Dr. Gavillan-Torres, the organizers of the Second Annual Colloquium on Hispanic Issues designated as its theme "Special Education and the Hispanic Child." The five scholarly papers in this collection were presented at the Colloquium, which was held at Teachers College, Columbia University, on February 6th, 1981. Because of their individual merit, it was inevitable that these papers would be collected as a book of readings; in this form they will be interesting and valuable to both the seasoned practitioner of bilingual and/or special education and to the neophyte.

Lizette Cantres states the major problem facing those who wish to

service the needs of bilingual handicapped children:

> It is clear that if bilingual special education is ever to become a reality for thousands of children, extraordinary measures must be undertaken to recruit and hire or to internally develop sufficient personnel to staff needed programs.

Her paper, "*Jose P* and the Right to Bilingual Special Education," outlines the Federal and State laws and regulations which relate to the issue of bilingual special education. She details the judgment of "Jose P," which refers to three distinct lawsuits, and concludes with the outcome and current action that has been taken to fulfill the requirements of the law.

Assessment of bilingual children presents problems for a monolinguistic testing system, and Rafaela Weffer's paper, "Factors to be Considered When Assessing Bilingual Hispanic Children," addresses this issue. She includes a summary of the attempts to minimize the effects of language and cultural differences in testing children, and presents a study of 20 Hispanic bilingual children which explores factors related to her review of the literature.

Dr. Gavillan-Torres' contribution is entitled "A Preliminary Report on a Project to Examine the State of the Art in Assessment of Hispanic Children Suspected of Handicaps." She is investigating the processes for diagnosing and serving Hispanic children who are believed to be mentally retarded, or to have learning disorders or speech or hearing impairments. The perceptiveness of Dr. Gavillan-Torres' preliminary report indicates the sharp focus of her work in progress, the outcome of which will have far reaching implications for the field of bilingual special education. A valuable bibliography of 124 items is also included.

Rosa-Maria Gil explores the relationship between cultural attitudes toward mental illness and the use of mental health services among groups of Puerto Rican mothers and their elementary school children. Her case study was done in the South Bronx, New York, and is called "Puerto Rican Mothers' Attitudes Toward Children's Problems and Toward the Use of Mental Health Services." Dr. Gil recommends that school personnel and mental health practitioners familiarize themselves with Puerto Rican culture and try to open lines of communication between spiritualists (whom the mothers rely on) and educators and mental health practitioners.

In *Special Education Needs in Bilingual Programs* (Washington, D.C.: National Clearinghouse on Bilingual Education, 1980, p. 19), Victoria Bergin observed that:

> Programs for bilingual teachers increased dramatically with the advent of federal funding and as a result of demands created by court-mandated programs. Special education teacher training programs also increased as a result of P.L. 94-142. However, development of bilingual special education teacher training programs is in its infancy throughout the United States.

In "Training Educators to Meet the Needs of Hispanic Exceptional Students: A Perspective," Dr. Carmen D. Ortiz presents as a model the Masters Degree Program in Special Education offered at Bank Street

College of Education. Dating from September of 1979, the Bank Street program qualifies as a pioneer in this young field. More significant, however, is the fact that in its brief life the program has implemented standards for teacher training that should prevail in institutions of higher education across the nation. A variety of special education professionals are identified by Dr. Ortiz; their functions are clearly defined, and the competencies they must acquire are itemized. Of particular import is the philosophic framework presented by Dr. Ortiz, and her suggestions for its inclusion in teacher training.

This collection of papers represents the concerns and efforts, not only of the Colloquium, but of all those educators and lay persons concerned about the crisis in bilingual special education. It is hoped that the collection will demystify the issues, relate important information, and provide sources for those who wish to pursue a solution. The law has mandated that our children must be given an adequate and appropriate education, and through the continued efforts of individuals and groups, we will bring the current state of bilingual special education up to an acceptable level.

JOSE P. AND THE RIGHT TO BILINGUAL SPECIAL EDUCATION

By
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Puerto Rican Legal Defense & Education Fund

I. INTRODUCTION

If logic were to prevail in the legal system, there would be no question but that there is a right to bilingual special education. Logically speaking, this right should flow automatically from existing law on both bilingual and special education. Unfortunately, logic has not won out on this issue and the tragic result is that hundreds of thousands of handicapped children who are of limited English proficiency have often been misdiagnosed, expected to perform in unsuitable environments and, in some cases, become even more gravely handicapped by being thrown into the existing educational milieu.[1] Nowhere is the failure to educate bilingual handicapped children more evident than in the New York City school system. Although New York City has a massive regular bilingual program, as of the date that *Jose P.* was filed, thousands of those children who were handicapped had not been evaluated or placed in bilingual special education classes.

This paper seeks to trace the development of bilingual special education as a right in New York City. The first part will give a summary of the legal underpinnings of the *Jose P.* case: bilingual education and special education law. The second part will discuss the development of the *Jose P.* litigation and the practical outcome of the lawsuit in terms of educational programs.

II. THE RIGHT TO BILINGUAL EDUCATION

The significant recognition of the need for bilingual education by a regulatory body came on May 25, 1970. On that day, the Department of Health, Education and Welfare (HEW) issued a memorandum clarifying implementing regulations it had promulgated under Title VI of the Civil Rights Act of 1964. The May 25 Memorandum stated:

> Where inability to speak and understand the English language excludes national origin-minority group children from effective participation in the educational program offered by a school district, the district must take affirmative steps to rectify the language deficiency in order to open its instructional programs to these students.[2]

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[1] *New York Times*, Aug. 24, 1980, p. 22E, Col. 1.
[2] 35 Federal Register 11595 (1970).

In 1974, the United States Supreme Court greatly increased the significance of the Title VI regulations and the May 25 Memorandum in its landmark decision on bilingual education, *Lau* v. *Nichols*.[3] In *Lau*, the Supreme Court not only sustained the authority of HEW to promulgate the Title VI regulations and the May 25 Memorandum, but the court incorporated the rationale of the regulations in a decision which states, in part: "There is no equality of treatment merely by providing students with the same facilities, textbooks, teachers, and curriculum, for students who do not understand English are effectively foreclosed from meaningful education."[4]

After *Lau*, Congress enacted legislation which, in turn, incorporated the rationale of that decision as well as the HEW guidelines.[5] Specifically, the Equal Educational Opportunities Act provides that it is a denial of equal educational opportunity when an educational agency fails to take appropriate action to overcome the language barriers of students in its instructional programs.[6] In the same year, Congress enacted the Bilingual Education Act, which provided Federal financial assistance for bilingual programs.[7]

Since 1974, numerous courts have upheld and expanded upon the right to bilingual education.[8]

III. THE RIGHT TO SPECIAL EDUCATION

Similar to the right to bilingual education, the right to special education is well established through statutes, regulations and case law. In 1973, for example, Congress enacted section 504 of the Rehabilitation Act of 1973, which prohibits discrimination against the handicapped in Federally assisted programs.[9] The regulations adopted subsequent to the Act require that those who receive Federal financial assistance provide a free public education to all handicapped children.[10] A free appropriate education is defined as "the provision of regular or special education and related aides and services that are designed to meet individual educational needs of handicapped persons as adequately as the needs of nonhandicapped persons are met."[11]

Even more important to the development of special education was the

[3]Lau v. Nichols, 414 U.S. 563 (1974).
[4]*Id.* at 566.
[5]Equal Educational Opportunities Act of 1974, 20 USC 1703 *et seq.*
[6]*Id.* 1703 (f).
[7]Bilingual Education Act, 20 USC 880.
[8]Serna v. Portales Municipal School District, 351 F. Supp. 1279 (D.N.M. 1972), *aff'd*, 449 F. 2d 1147 (10th Cir. 1974); Cintron v. Brentwood Union Free School District, 455 F. Supp. 57 (E.D.N.Y. 1978); Rios v. Read 75 Cir. 295 (E.D.N.Y. Oct 13, 1978); United States v. Texas No. 5281 (E.D. Tex. Jan 9, 1981).
[9]Rehabilitation Act of 1973, 29 U.S.C. 701 *et seq.*
[10]45 C.F.R. Part 84.
[11]*Id.* Part 84.33 (b) (1) (i).

enactment of the Education for All Handicapped Children's Act (P.L. 94-142),[12] and the regulations promulgated pursuant to it by HEW.[13] Generally, PL 94-142 and the HEW regulations require that every State receiving payments under the Handicapped Act insure that free appropriate public education is available to all handicapped children.[14] In addition, the New York Education Law requires the State and City of New York to provide a free suitable special education for handicapped children. Regulations promulgated by the Commissioner of Education pursuant to Education Law requires that each handicapped child be ensured a suitable education program.[15]

Although numerous cases have been brought under PL 94-142 and section 504, apparently none of those cases prior to *Jose P.* have been filed on behalf of handicapped children who require bilingual special education.[16] Prior to the enactment of Federal regulations on the education of the handicapped, however, the question of bilingual special education was addressed specifically in one lawsuit[17] and indirectly in another.[18]

Diana v. *State Board of Education* was filed in 1970, on behalf of Mexican American children who were or would be placed in classes for the educable mentally retarded (EMR) in California. The complaint alleged that because of the use of culturally and linguistically biased assessment instruments, namely IQ tests, Mexican American children were inappropriately placed in EMR classes. One month after the filing of the complaint, the District Court entered an order requiring, among other things, the testing and retesting of children in their primary language and with nonverbal instruments, and supplemental education for children who had been inappropriately placed in EMR classes in order to ensure their return to regular classes.

U.S. v. *Texas* is a desegregation case brought on behalf of Mexican American children in the San Felipe Del Rio Consolidated Independent School District. The Court found that in the context of desegregation, "Mexican Americans constitute an identifiable minority in the State of Texas," and that they "are subject to protection under Title VI of the Civil Rights Act of 1964 and the Fourteenth Amendment."[19] In order to remedy segregation, the court entered a Comprehensive Educational Plan for San Felipe Del Rio. The plan called for the reorganization of the San Felipe Del Rio School system to introduce bilingual/bicultural education at all levels. The plan also required sweeping changes in the

[12]Education for All Handicapped Children's Act, 20 U.S.C. 1401 *et seq.*

[13]45 C.F.R. 121a.

[14]20 U.S.C. 1412(3); 45 C.F.R. 121 a. 321-121 a., 324.

[15]N.Y.C.R.R. 201 *et seq.*

[16]See, generally, "Summary of Education Cases under PL 94-142 and 504 of the Rehabilitation Act of 1973," DD Rights Center of Mental Health Project (1980).

[17]Diana v. State Board of Education, Civ. No. C-70 (1970).

[18]United States v. Texas, 342 F. Supp. 24 (E.D. Tex. 1971), *aff'd per curiam*, 466 F. 2d 518 (5th Cir. 1972).

[19]*Id.* at 25.

provision of special education to Mexican American children. Specifically, the plan required recruitment and hiring of bilingual special education personnel, development of nonbiased assessment instruments and parent involvement in special education programs.

The decisions in *Diana* v. *State Board of Education* and *U.S.* v. *Texas* represent unique attempts to fashion legal remedies for the failure to provide bilingual special education. There was, however, an attempt by HEW to establish through regulation the right to bilingual special education. This attempt was in the form of proposed regulations promulgated to enforce nondiscrimination in programs funded by the Federal Department of Education (DOE).[20] Generally, the proposed regulations would prohibit denying students equal access to educational programs because of limited proficiency in English. The regulations include a specific provision which requires that in identifying, evaluating, and placing handicapped children of limited English proficiency, language characteristics must be taken into account. In addition, when it is determined that a handicapped child is entitled to instruction in a language other than English, such instruction must be provided.[21]

The proposed regulations have roused considerable anti-bilingual sentiment in Congress. The opposition has resulted in language from both houses of Congress which bars DOE from issuing final regulations until July 1, 1981.

IV. JOSE P.

"*Jose P.,*" in fact, refers to three distinct lawsuits which sought to represent the entire class of handicapped children who were being harmed by New York City's failure to provide appropriate special education. The first, *Jose P.* v. *Ambach* (79 Civ. 270), was filed on February 1, 1979, on behalf of all handicapped children living in New York City, aged five through twenty-one, who because they had not been promptly evaluated and placed in a program, had been denied a free appropriate public education.

The second, *United Cerebral Palsy of New York* v. *Board of Education* (79 Civ. 560), was filed on March 2, 1979, on behalf of all handicapped children whose disabilities resulted from brain injury or other impairments to the central nervous system.

The third case, *Dyrcia S.* v. *Board of Education* (79 Civ. 2562), was filed on October 2, 1979, by the Puerto Rican Legal Defense & Education Fund, Inc. (the Fund) on behalf of all Puerto Rican and other Hispanic children in New York City, of limited English proficiency, who are handicapped and who had not been evaluated nor placed in appropriate bilingual special education programs. In bringing *Dyrcia S.*,

[20] 24 C.F.R. Part 100.
[21] 24 C.F.R. 100.49.

the Fund sought to, and in fact did, establish the right to bilingual special education in New York City.

The complainants in *Jose P.* alleged violations of the Federal laws and regulations, as well as the State laws and regulations discussed above. Furthermore, a decision in *Jose P.* was expedited by the fact that a series of orders had been previously entered by the New York State Commissioner of Education pursuant to the "Riley Reid litigation."[22]

As a result of the Commissioner's decision in Riley Reid, the New York City Board of Education was found to have violated State requirements governing the education of handicapped children. The Board was ordered immediately to place all diagnosed handicapped children in appropriate programs and to devise an efficient evaluation and placement procedure to eliminate the list of handicapped children waiting to receive educational services.

Finally, with respect to the specific allegations that the Board failed to provide bilingual special education, the *Dyrcia S.* plaintiffs argued that the failure to provide bilingual special education was a violation of the Aspira Consent Decree.[23] Under the Consent Decree the Board was ordered to identify and evaluate all children of limited English proficiency and to provide appropriate bilingual instruction. Although the Board had attempted on previous occasions to exclude categories of handicapped children from those served by the bilingual programs, the Fund prevailed in its argument that *Aspira* applied to all handicapped children who required bilingual education. Because the law was very clearly favorable to the plaintiffs and because, since the Riley Reid decision, the waiting list of handicapped children had actually *increased,* the *Jose P.* lawsuit was never fully litigated. In fact, prior to the filing of *Dyrcia S.,* a hearing on *Jose P.* was held before Judge Eugene Nickerson in which the Board of Education admitted its failure to evaluate and place handicapped children in a timely manner. Shortly thereafter Judge Nickerson issued an order, finding that the city and State defendants were in violation of Federal and State requirements which governed the provision of special education and appointed a Special Master to supervise the negotiations that were to follow.

Following the subsequent negotiations which involved the plaintiffs in all three cases, a comprehensive judgment was issued in *Jose P.* on December 14, 1979. The judgment consisted of an existing Board of Education plan to reorganize special education entitled "Special Education in Transition," and additional provisions that had been developed during negotiations. On February 27, 1980, a consolidated judgment was

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[22]Reid v. Board of Education, 453 F. 2d 238 •2d Cir. 1971; In the matter of Reid, 13 Ed. Rep. 117, Nov. 26, 1973; In the matter of Reid, __ Ed. Rep. ____, No. 9499; In the matter of Reid, __ Ed. Rep. ____, No. 9524, Oct. 12, 1977.

[23]Aspira of New York v. Board of Education, 394 Supp. 394 F. Supp. 1161 (S.D.N.Y. 1975).

entered in *UCP* and *Dyrcia S.*, which incorporated essentially all of the provisions of the *Jose P.* judgment.

As a first step, the *Jose P.* judgment set deadlines for the elimination of the waiting list for evaluation and placement of handicapped children. In addition, the defendants were required to identify all children in need of special education. Identification was to be accomplished by a district-by-district census of all handicapped children which required the recording of the language spoken by the children or that spoken in their homes (if other than English), and through the establishment of an outreach office staffed by bilingual personnel.

Under the judgment defendants were required to implement a system of school-based support teams to serve all children in need of evaluation and placement. The judgment further required that the defendants develop a booklet informing parents of their rights, which would be translated into appropriate languages. Moreover, defendants were required to provide parents with translated copies of all relevant documents and notices and to offer parents an opportunity to attend a meeting to discuss the needs of their children. Where necessary, parents would be provided with translators at those meetings.

Under the judgment, the defendants were required to produce two major comprehensive documents designed to accomplish the total reorganization of the special education program. In the first document, the January Plan, the defendants were required to include:

1. operating procedures for the implementation of all the services envisioned by the judgment, which included providing competent interpreters for all meetings attended by parents who were of limited English proficiency, and translating relevant documents and notices
2. standards for evaluation, placement, and provision of programs and services, which included interim procedures to provide for evaluation of children of limited English proficiency in their native language; a permanent plan and schedule of evaluation of children of limited English proficiency in their native language; and a permanent plan and schedule of evaluation, which would include methods for providing nondiscriminatory and properly validated testing of children
3. a definition and description of each program and service in a full continuum of education programs and services for handicapped children, including bilingual programs and services
4. a survey to determine the number, qualifications, and geographical assignments of all bilingual evaluation staff members.

The second document required by the judgment was the April Plan, which was to provide for the full implementation of a system of school-based support teams. The April Plan was to provide for the hiring, training, and assignment of additional bilingual staff.

In practice, many of the deadlines set by the *Jose P.* judgment have not been met. This is largely because it was impossible to anticipate all of the complexities and problems involved in reorganizing a program as large as the New York special education system. To date the parties are still involved in negotiating the implementation of the judgment.

V. CONCLUSION

The plaintiffs in *Jose P.* found that in addressing the need of bilingual special education services, one is often forced to function in a vacuum. It is a vacuum created by an almost total lack of research about the particular pedagogical needs of children of limited English proficiency who are identified as handicapped. At a more fundamental level, however, plaintiffs have been hampered by the unavailability of data which show how many children actually need bilingual services, what kinds of handicaps are more prevalent among such children and in what kinds of programs they are currently participating. The latter problem has made it almost impossible to accurately project staff needs for bilingual programs.

It is clear that if bilingual special education is ever to become a reality for thousands of children, extraordinary measures must be undertaken to recruit and hire or to internally develop sufficient personnel to staff needed programs. For this reason the plaintiffs in *Jose P.* have made the staffing of bilingual programs a major goal of the current negotiation process.

FACTORS TO BE CONSIDERED WHEN ASSESSING BILINGUAL HISPANIC CHILDREN

By
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I. INTRODUCTION

This paper is divided into two sections. The first is a review of the literature in testing, language(s) and their interaction in relation to bilingualism. A brief summary is presented of the attempts that have been made to minimize the effects of language and culture in testing children who are culturally and linguistically different.

The second part of the paper is a study exploring three variables related to the ideas presented in the review of the literature. The study utilizes data of twenty Hispanic bilingual children.

II. BACKGROUND

Nonverbal Tests

Over the years, test developers have tried to minimize cultural differences in testing by lessening reliance on language (Anastasi, 1976). Tests were developed that do not utilize language as a medium of communication for test instructions or for gathering information from the subjects.

The Leiter International Performance Test (Leiter, 1947) is an individually administered performance scale. Included among its tasks are matching identical colors, shades of gray, and forms; completing pictures; estimating numbers; forming analogies; completing series; recognizing age differences; identifying spatial relations; recognizing foot prints; and memorizing a series and classification of animals in the habitat.

The Culture Fair Intelligence Test (Cattell, 1959) is a paper/pencil test that utilizes the manipulation of geometric symbols containing series, classifications, matrices, etc. The Progressive Matrices Test, developed in Great Britain (Raven, 1956) to measure Spearman's g factor, was another attempt to devise a culture-fair test. None of these efforts has dealt adequately with cultural differences. The study by Holtzman, Diaz-Guerrero, et al. (1975) shows how the cultural and experiential backgrounds of individuals are expressed even in tests such as the Draw a Man (Goodenough, 1926).

The Davis Eells Games (1952) were developed to minimize the socioeconomic bias of tests used to measure the abilities of students of

working-class parents. These games, however, did not receive wide professional support and the idea was not implemented.

Translated Tests

The development of translated tests represents another effort to assess individuals who are not native English speakers. A major problem with this approach is that the frequency and potency (i.e., affective force) of the words is not the same in translation (De Avila and Havassy, 1974). Furthermore, there are other problems in translations. For example, regional differences are usually totally ignored, and literacy in Spanish is often assumed when in fact, the children have had no prior experience in reading in their first language.

Local Norms

Development of norms for different ethnic groups has been used to take into consideration cultural and linguistic differences. However, this approach does not consider norms for interethnic marriages or the differences between ethnic groups in the same regional area.

Other Test Approaches

Three other approaches have been tried recently. Budoff et al. (1974) utilized Raven's matrices (a series of learning-potential procedures), the WISC-R performance scale in Spanish, the WISC-R vocabulary subtest, the picture motivator scale, and an achievement test in Spanish and English. A training procedure is also utilized to test the intelligence factor defined as the ability to learn.

A second approach by De Avila utilizes performance on neo-Piagetian tasks as an alternative to I.Q. testing. This process looks at other areas of cognition that have not been the focus of previous assessment techniques in linguistically and culturally different children.

Mercer's SOMPA (1979) has looked at the social milieu and tried to equalize the sociocultural variables that have such an impact on the learning of the children, since children's intellectual development is the interactive product of both environment and genetic makeup. Of these two variables, only one is, of course, malleable to intervention. A study by Garber (1975) points to the importance of early intervention in enhancing a child's potential.

SOMPA focuses on the adaptive behavior of the child as a measure of child functioning outside of the classroom. The adaptive behavior and the sociocultural variables provide a combination of measures that can ameliorate the educational labeling of the child who exhibits symptoms of retardation only in a school setting.

One of the advantages of SOMPA is its pluralistic norms. This, however, has to be looked at with caution, because of the heterogeneity of Hispanic groups, which have a great number of ethnic, educational and social class variables (i.e., the Cubans of 1980 cannot be compared

to the Cubans of 1960, since the latter represents a different sociological, psychological and political group).

The strengths of all these tests or instruments lie in the importance they give to culture and language in terms of their effect on cognition. Foresight in understanding cultural as well as individual differences portends well for the development of more sophisticated measures.

Bernal (1979) presents the "malpractice" of the different approaches that are being utilized to assess children who are culturally and linguistically different:

> The first malpractice consists of 'adding points' to obtained scores of Chicano students. This procedure is, of course, basically a way of making low test scores more palpable, since it does nothing to increase a test's validity.
>
> A second malpractice involves simple renorming i.e. the computation of ethnic norms, often locally. Renorming accomplishes what adding points does, but the numbers are determined empirically (p. 72).

Williams (1971) believes in abolishing tests until nondiscriminatory tests for minority children are developed. There is considerable sympathy for this position; however, a more important concern is to provide services to children who need them.

Bernal (1979) points out that testing companies have not sought to control certain aspects of test usage and interpretation. He writes, "Finally, the testing of Hispanic children brings yet another set of variables into the validity issue, variables which may be generally classified under bilingualism and biculturalism."

III. BILINGUALISM AND BICULTURALISM

Within the realm of bilingualism, language proficiency has to be studied from a psychological, sociological, and linguistic perspective. Children who are acquiring two or more languages simultaneously, may use different psychological processes than those children who have one language well developed. Furthermore, language proficiency in bilingual children will vary along two continua, one for each language with each child falling at any point in either continuum. An assessment model can utilize the five social domains that Fishman (1972) describes in his sociolinguistic studies of bilingual communities. These domains are: home, school, neighborhood, religious activities and occupation. Thus, one has to examine the child's language in the community: What type of community does the child live in? Is it Spanish dominant? Is it English dominant or is it a bilingual community? Are both languages utilized daily? What is the time exposure for each language? What are the socioeconomic levels of these communities? In the family, are the parents monolingual Spanish, English, bilingual, or does each parent speak only one of the languages to the children?

It is important to know which language is used among siblings in a family unit and what the child's position in the family is because these

factors have an impact on the child's school achievement. One must know whether the child is attending a bilingual class or an all-English class and in what language the religious services the child attends are conducted.

From the psychological point of view, language needs to be studied in terms of language acquisition (McLaughlin, 1978), language rejection (Itoh and Hatch, 1978), and the different impact in emotional loading between the first and second language. The latter has a great impact in the area of psychotherapy (Marcos and Urcuyo, 1979). One must ask if the child's rejection of English is a necessary stage in language learning and if so, how this process affects his or her self-esteem; one must also inquire about the importance of interaction with adults, especially in terms of language models (Itoh and Hatch, 1978). Cultural identity can also be expected to affect the utilization of language(s) (Taylor, 1977).

As for impact of simultaneous language acquisition we find out if children who learn separately have a different rate of learning than do children who learn two languages simultaneously, and whether the rate of language growth in children who are learning two languages follows the same linear or a step-by-step progression. One of the hypotheses that this study will probe in the future is that the shape of the learning curve may be step-by-step rather than linear. If this is true, it may be because the organism needs more time to adapt and accommodate the information learned in two different symbol systems.

Psychologically the interplay of affective and cognitive factors is important in the acquisition of a second language (Rosansky, 1975). Studies of language and socioeconomic levels point to the interaction of these two types of variables (Bernstein, 1961).

Last but not least in any exploration of language acquisition is the reported sex difference in intellectual development. Roberts (1971) states that boys scored higher than girls on vocabulary and block design subtests on the Wechsler Intelligence Scale for Children. De Avila and Havassy (1974) report that males perform better than females on several neo-Piagetian tasks. The relationship of these factors to language needs to be examined very closely, especially since language serves as a vehicle for cognitive growth.

IV. ASSESSMENT OF BILINGUAL CHILDREN

Bernal (1979 has summarized strategies for assessment of minority children to enhance their scores of higher order cognitive operations in English:

1. Language screening—to eliminate students who do not possess the minimum language skills to understand the test items (e.g. recent immigrants from Mexico).
2. Examiner-examinee matching by ethnicity and dialect or language.
3. Rapport building, including the use of the language dialect spoken by the

students in informal settings, and an explanation of the purpose of the test.
4. Administering test in small, easily supervised groups.
5. Coaching on the mechanics of test taking, guessing, etc.
6. Explaining the testing directions thoroughly in the language dialect of the students and encouraging questions to clarify points.
7. Warm up, including practice on items similar to those to be encountered on the test or subtest; group discussion of why each member of the group selected a particular response; and feedback (p. 75).

The writer agrees with the above points. Language screening is a *must*. What procedure, however, will be used for monolingual Spanish speakers or limited English speakers? What English skills does the child need to possess in order to be tested only in English? The clinical experience of the psychologist and his/her knowledge of the child's language and culture will help him/her determine if the child knows the concept in one language or the other or if the child simply has not been exposed to that particular item because of environmental factors or lack of exposure.

All of the above factors are critical in the assessment of bilingual children because problems may be due to language acquisition/cultural differences rather than cognitive ones. Therefore, in order for the assessment to be as accurate as possible, it may in some cases require formal and informal testing in both languages, especially if the child has not acquired bilingual balance. The study by Bergan and Parra (1979) with preschoolers showed that "significant differences occurred in I.Q. associated with the language of test administration" (p. 819). They also point out the lack of research in the area of language administration and I.Q. performance. Furthermore, Duncan and De Avila (1979) report "one of the most important findings was that there was a positive and significant relationship between degree of relative linguistic proficiency and cognitive-perceptual performance of the children" (p. 15). This study is important because it sheds light on the interaction of language mastery and performance in cognitive tests.

V. DESIGN OF THE STUDY

The author has been collecting data with bilingual children with special needs. This study is in its beginning stages. Therefore, the results of these initial data are illustrative rather than definitive. There will be a follow-up of this study with a greater number of children.

The principal intent of this study, based on ideas presented in the preceding review of the literature, was threefold: (1) to assess the English/Spanish linguistic proficiency of bilingual Hispanic children of different ages; (2) to examine possible sex differences in both instruments (LAS and WISC-R); and (3) to explore the relationship between degrees of bilingualism as measured by LAS and intellectual functioning as measured by WISC-R.

VI. SUBJECTS

A total of twenty children (10 boys and 10 girls), most of them attending parochial schools, comprised the sample. The children ranged in age from 6 to 13. They were referred to DePaul Clinic by their teachers or parents because of possible learning disabilities. The parents of these children are working parents and speak Spanish at home. They represent several ethnic groups: Mexicans, Chicanos, Puerto Ricans, Cubans and those of ethnic intermarriages.

VII. INSTRUMENTATION

The Language Assessment Scales (LAS) was used to measure English and Spanish oral proficiency. The Language Assessment Scales test developed by De Avila and Duncan (1977) is individually administered. The LAS provides an overall level of proficiency on five scales. A composite score (level) is obtained for each language. Level 5 = totally fluent English or Spanish; level 4 = nearly fluent English or Spanish; level 3 = limited English or Spanish; level 2 = Non-English or Non-Spanish speaker with apparent linguistic deficiencies; level 1 = Non-English or Non-Spanish speaker with total linguistic deficiencies.

The Wechsler Intelligence Scale of Children-Revised (WISC-R) was used to estimate intellectual functioning. This test was developed by D. Wechsler. (1949,1974). It is designed to assess the intelligence of persons six through sixteen years of age. It includes both verbal and performance subtests.

The WISC-R was administered in English, Spanish, or both, depending on the child's needs. Some children answered certain items in Spanish rather than English or vice versa, while a few mixed both languages.

The writer utilized the Duncan and De Avila model to analyze the results of LAS in this study. Table 1 shows the percentage breakdown of samples in five linguistic comparison groups by group and by sex.

TABLE 1

Description of the Five Linguistic Groups and their Respective Percentages for the Total Sample, and by Sex

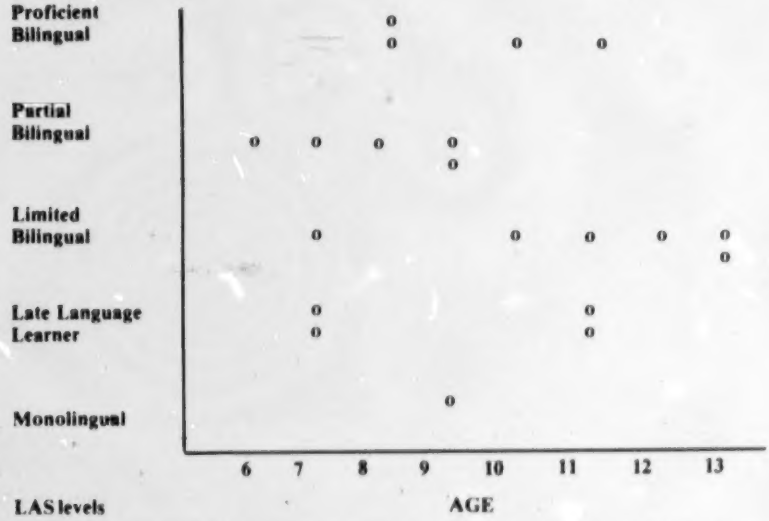
Description	Percentage of Total Group	Percentage by Sex	
		M	F
Late Languge Learner	20%	50%	50%
Limited Bilingual	30%	50%	50%
Partial Bilingual	25%	40%	60%
Proficient Bilingual	20%	75%	25%
Monolingual	5%		100%

This sample represents almost an equal proportion of girls and boys in the same linguistic categories.

This pattern represents a very different percentage than the one reported in Duncan and De Avila (1979). This confirms the heterogeneity of the Hispanic groups by their bilingual ability. This percentage may vary according to the geographic region.

The age of these children ranges from six to thirteen. Figure 1 shows the lack of relationship between age and relative linguistic proficiency based on the five linguistic groups.

Figure 1



These results may be affected by factors such as length of time in the United States, and the utilization of language by the family and neighborhood as well as other psychological and sociological factors.

These data elicit interesting questions: Is language proficiency a result of language exposure and time? Is there a psychological rejection of the language? Is language learning similar in nature to aptitudes such as those for music? Why are there late language learners at age eleven as well as seven? Would the seven-year-old continue at that linguistic level in a year? Does such a child have language disabilities? What is the prognosis for future academic achievement? These questions can only be answered with longitudinal data and larger samples.

One of the concerns of this study is the performance of boys and girls on the LAS and WISC-R. Table 2 represents a description of sample performance (mean, standard deviation and range) by sex in the LAS and WISC-R.

TABLE 2

A Measure of Central Tendency and Variability for the LAS and WISC-R

	LAS		WISC-R	
	English	Spanish	Verbal	Performance
Mean:				
Boys	3.5	2.9	89.6	106.9
Girls	2.9	2.6	81.6	70.2
Standard Deviation				
Boys	1.5	1.37	12.11	6.08
Girls	1.13	1.2	11.66	8.37
Range				
Boys	1-5	1-5	69-113	101-123
Girls	1-5	1-5	68-106	90-115

Harris (1975) reports that language ability is more closely related to general intellectual performance in girls than in boys, suggesting that girls make more use of verbal means in developing intellectually.

In this sample the boys as a group perform slightly higher than girls in English and Spanish. This difference in language performance is also reflected in the mean verbal scores of the WISC-R. The results in the LAS and WISC-R do not agree with the literature as to the higher ability of girls over boys, as stated previously by Harris.

Further analysis of the WISC-R scores shows that the performance scores are higher than the verbal, ranging from 4 to 40 with a mean of 21.17. These results are consistent with results in the literature (Altus, 1953; Dean 1979; Killian, 1971). Hewitt and Massey (1969) have hypothesized that such a V-P discrepancy is to be expected due to the cultural bias of most verbal subtests.

Kaufman (1979) adds another dimension in the review of the literature in regard to discrepancies of both verbal and performance scales. Kaufman's explanation for higher performance than verbal scores is that:

> true differences in verbal and non-verbal intelligence may reflect greater dependency on one or the other cerebral hemisphere. The left hemisphere is specialized for processing linguistic stimuli and the right hemisphere is adept at handling visual-spatial stimuli. Consequently, P > V may suggest a better developed right hemisphere, and V > P may imply an especially efficient processing system in or dependence on, the left hemisphere (p. 27).

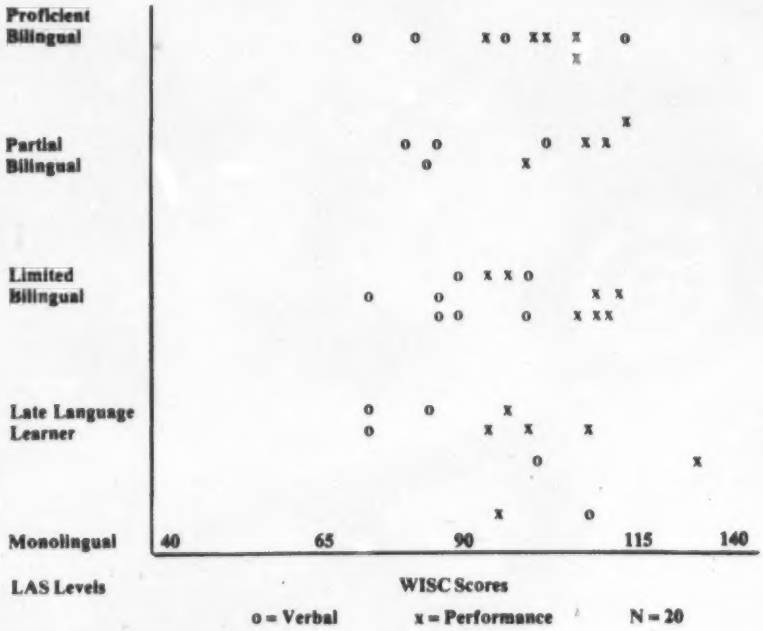
As in the case of other explanations this is not free of contradictory literature.

Questions, prompted by the results of this small study include: Do bilingual children have better developed right hemispheres? Is the P > V related to the relative language proficiency?

Duncan and De Avila (1979) suggest the study of the relationship be-

tween relative proficiency and performance on cognitive tests. Figure 2 shows the relationship between these two variables as a group. The individual profiles show the different patterns that can occur.

Figure 2



The scatter diagram does not show a relationship between the LAS scores and WISC-R scores. The plotting was done to illustrate the possible relation; the small sample does not permit other statistical analysis.

The hypothesis stated by Duncan and De Avila as to the positive relation between language proficiency and cognitive tasks needs further analysis. It is possible that the results may be a function of the instruments rather than the relationship of the variables.

The case study approach may be one way to try to isolate the many factors that affect learning, especially when the children are learning two languages and the population is composed of *distinct* ethnic groups that have a similar cultural matrix; live in rural and urban settings; and have different degrees of bilingualism, biculturalism, acculturation and different socioeconomic levels. It is this writer's opinion that psychologists and educators need to understand the intricate interaction of these variables in order to accurately interpret the results of standardized tests and informal observation.

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PRELIMINARY REPORT ON A PROJECT TO EXAMINE THE STATE OF THE ART IN ASSESSMENT OF HISPANIC CHILDREN SUSPECTED OF HANDICAPS

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I. INTRODUCTION

In this presentation I will discuss the work I am doing in the field of bilingual Hispanic special education. Through a fellowship awarded by the Rockefeller Foundation Minority Scholars Program and the Aspira Center for Educational Equity-NIE program, I am examining current practices in the assessment of Hispanic children who are suspected of having handicaps.

Today, I will report on the information gathered during the first three months of my investigation of the state-of-the-art. I will present some findings that caught my attention while reviewing some of the literature and share with you speculations that ought to be emphasized. Overall, this presentation will deal with three areas: (1) accessing information, (2) literature findings and (3) research recommendations.

The four types of handicapping conditions reviewed in this study are: mental retardation (MR), learning disorders (LD), and speech and hearing impairments (S & HI). These four health-related impairments present classroom placement problems because there are different ways for defining each term depending upon the level of severity. These working definitions are frequently reviewed and reinterpreted. For example, during November, 1980, the American Speech-Language-Hearing Association (ASHA) worked on redefining communicative disorders and other communicative variations. The newly formed definitions will likely raise many questions in the minds of those professionals who are currently working with the communicatively handicapped.

II. ACCESSING INFORMATION

A historical account of how handicapping conditions impact upon the Hispanic handicapped community may be found in a review of educational legislation and litigation involving educational democracy. During the past decade evidence of the educational needs of Hispanic Limited-English-Proficient (LEP) children suspected of handicaps has been exemplified in two distinct types of lawsuits: (1) there are lawsuits that challenge the validity of IQ testing in the educational labeling process,

and (2) several lawsuits charge racial segregation on the basis of limited English proficiency.

At the legislative level there have been some very important legal struggles that speak out for the Civil Rights of minorities in general and Hispanic LEP children. Some of the more well known cases are: *Arreola* v. *Santa Ana Unified School District* (1968); *Covarrubias* v. *San Diego Unified School District* (1968); *Guadalupe Organization Inc.* v. *Tempe Elementary School District* (1972); *Diana* v. *State Board of Education* (1971); *Larry P.* v. *Wilson Riles* (1972); *Lora* v. *The Board of Education of New York* (1978); *Serna* v. *Portales* (1972); *Jose P.* v. *Ambach* (1977); *Dyrcia et al* v. *Board of Education of New York* (1979) and *Lau* v. *Nichols* (1974).

These legal actions present both a set of the possibilities and problems in terms of the education of Hispanic children suspected of handicaps. In one respect they represent an expansion of the contents of the Education for All Handicapped Children Act (P.L. 94-142). This law stipulates that there must be free public education for all children regardless of the nature of the handicap. This Act further specifies that non-discriminatory assessment procedures must occur in the language children understand best, and in the written and/or oral mode of communication they best understand.

Although many efforts have been made to implement the mandates of P.L. 94-142, only indispensable measures of change to ensure compliance with the law are actually underway or exist only on paper. The most prevalent that has occurred may be seen in the classroom teacher who combines bilingual education practices with special education techniques. The limited number of such teachers, and training programs capable of developing them, present problems for state teacher certification and for the design of appropriate preservice and inservice programs.

In the area of assessment, the law asks for the utilization of practices which are still known or underdeveloped. Problems of consistency in assessment practices are aggravated by insufficient personnel trained to assess the LEP child who may be suspected of being handicapped.

On the positive side, P.L. 94-142 and Section 504 of the Rehabilitation Act have brought about a greater recognition of the educational needs of Hispanics and other linguistic minorities. As a result there has emerged greater emphasis on the need for bilingual-bicultural education and the notion of interdisciplinary collaboration between bilingual programs and other disciplines, such as vocational/bilingual/special education, sociology and bilingual education. Illustrating this initial phase of bilingual special education is the set of personnel preparation programs that developed out of the Office of Special Education and Rehabilitative Services (OSERS) funded in Fiscal Year 1979-80.

The data revealed in the early stages of my work suggest that the problem is neither the task of winning a civil rights case of the Hispanic handicapped child nor the need to organize programs to serve bilingual

special populations. In fact in the early 1970's, some programs were developed and successfully completed their work through funding resources from what was originally the Bureau of Education for the Handicapped (BEH) and is now OSERS.

The challenge is not the initiation of these programs but the continuing of these efforts. It is unrealistic to expect that only one training group, operating under one type of specific curriculum for all disabilities can work miracles for the Hispanic handicapped population in two or three years. The assumption that what is started in two or three years will have a life of its own upon completion is false. This is so because, for the most part, programs that are underdeveloped form parts of other embryonic efforts with non-tenured faculty and soft-monies projects. Some of these programs are essential, but to attempt the development of a field on these resources alone is impossible.

This problem affects the long-term development of bilingual special education programs and the effectiveness of educators. Another problem area requiring long-term commitments to bilingual special education is the task of norming and validating assessment instruments so that they recognize the linguistic differences inherent in ethnic subgroups and children from different socioeconomic situations. Linguistic variations as reflected in such written materials, translations, and adaptations of existing tools often do not take on the proper meaning when we attempt to generalize the usefulness of these products due to the insufficient time to properly change them to meet individuals' needs. Tool appropriateness is a whole area of research to be explored.

We need to work more in the adaptation of assessment tools that apparently work well with non-Hispanic children. We need to develop assessment tools that from their conception will recognize Hispanic ethnic groups' differences and their effect on test validity. Furthermore, issues of misplacement or under-representation and desegregation cannot be resolved by tools alone but by a cadre of professionals, bilingual and non-bilingual, at the federal, state, local and community levels equipped to deal with all educational problems not only from an advocacy perspective, but from an academic and content perspective. Other steps must be taken. One approach might be to integrate and disseminate available information on bilingual-bicultural education issues and research to the special education community and vice versa.

Other significant need areas focus on ways to share information from reviews of existing research on bilingual assessment tools, which describe their purposes and the populations from which they were developed. In addition, an exchange is needed among existing special education and bilingual education training programs on competencies for personnel preparation and curriculum development for the elementary, secondary, and higher education levels. It is also evident that treatment of the individual handicapped needs further development.

In addition to emphasizing an interdisciplinary approach, such as bi-

lingual special education, other disciplines such as anthropology can contribute substantial information to the area of assessment. Recent ethnographic work has proven its advantages in the study of culture and in settings such as the classroom/school environment. These are only samples of areas that have produced a substantive body of literature that can be accessed in a more usable way. Additional information on the need to emphasize the interaction among related disciplines can be found in the concept of the "Sociology of Special Education." This concept includes sociological research in special education as it applies to law, minorities, and institutions. This research criticizes in a style similar to the earlier works of Ivan Illich and Jules Henry. For example, the book entitled, *Caretakers* by the authors David R. Buckholdt and Jaber F. Gubrium (1981), describes in detail a center for emotionally disturbed children. Rosalyn Darling's (1980) book on families of children with birth defects, entitled *Families Against Society: A Study of Reaction to Children with Birth Defects,* explains what happens to both the family and the child who is defective. Most important is the work of John Gliedman and William Roth (1980), *The Unexpected Minority: Handicapped Children in America.* They conducted a study of misconceptions of handicapped children and adults and clarified the term handicappism.

This small sample of recent studies demonstrates that handicaps can no longer be viewed as existing in a world separate from other life experiences. The handicapped individual must be viewed as a whole person who is only in need of special support systems to participate in this society. This understanding is the perspective that we need to serve the Hispanic handicapped child.

III. NEED FOR A STATE OF THE ART REPORT

My work will attempt to sum up what has been said in the general research, studies on learning and teaching of the Hispanic handicapped child, and the impact of this situation on the family. The handicapping conditions to be reviewed are mental retardation, learning disorders, speech and hearing impairments. These handicaps are very important to growth and development since language is a critical factor in identifying a problem and prescribing a treatment: this has been extensively documented in various legal cases presented on testing inadequacies that lead to misplacement of Hispanic, LEP and Black children. A case in point is the California legislature which:

> ...finds and declares that there should not be disproportionate enrollment of any socioeconomic-minority, or other ethnic group pupils in classes for the mentally retarded and that the verbal portion of the intelligence tests which are utilized by some schools for such placement tends to underestimate the academic ability of such people. ("Judicial Decisions," 1979).

Linguist Vaughn-Cooke (1980) speaks of the inadequacy of language assessment tools for Vernacular Black English speakers and how these

inadequacies led to the misplacement of linguistically different students in classes for children with special needs. There are at least five factors in traditional language testing procedures which affect the placement of Black children: (1) testing procedures that do not account for language variations, (2) construction of language tools that assume limited language definitions, (3) the absence of spontaneous speech samples, (4) inability of tools to offer content reliability in the identification of normal language development, and (5) a testing process which is not followed up in the way of language development instruction.

A report of other significant factors involved in the accurate assessment of handicaps in Hispanic children and other limited English proficient children was presented in 1980 by the New Jersey Task Force on Cross-Cultural Assessment. This group indicates a strong advocacy position in favor of "children from linguistic minorities." They state: "Screening procedures currently overlook a great many children who have educational and social difficulties owing to early experiences of a language other than English in their home and or community environment...." Further, they specify:

> A language cannot usefully be separated from the cultural context in which it is spoken. Different cultures sometimes share a common language (e.g. Haiti and France, England and the United States). Cognitive styles in such cultures may differ widely. Though language provides a reasonable means of identifying children of linguistic minority background, the child's culture must be considered in the process of assessment or education. (p.1)

Mental retardation, learning disorders, hearing and speech impairments are considered "judgmental categories." They can be termed this way because "...judgment of administrators and teachers plays a greater part in the assignment of pupils to these programs than to programs for the 'hard' handicapping conditions such as deafness or other orthopedic handicaps" (Killalea Associates, 1980, p. 104).

As some educators push for non-categorical special education programs we confront a greater challenge in terms of the placement of Hispanic handicapped children. Research on the assessment of these children is not separate from the general trends of research in the field of special education such as non-categorical special education. This trend to focus on non-categorical Special Education is a response to disenchantment with "labeling" processes and practices, and concern for the instructional efficacy of using labels for classifying children. The work of F.M. Hewett, in his book entitled, *Education of Exceptional Learners,* has described non-categorical schooling for the handicapped person. This type of research has not been interwoven with Hispanic handicapped students and bilingual classrooms. Such research could document information on Hispanic children classified emotionally disturbed, learning disabled and educable mentally retarded. Grouping of Hispanic handicapped children in any of these areas might be possible. Further it might be possible that some of the diagnostic categories lend themselves better to grouping with bilingual children in bilingual programs.

The traditional working definitions of these impairment categories, particularly in the case of mental retardation, have been based on the medical model. The early works of Dr. Jane Mercer (a pioneer in the sociology of special education) criticized the overemphasis on the "normality" concept and the medical model which concentrates on the symptoms that lead to abnormality, pathology and biological deficits. This model demonstrates that pathology exists within the person and that only through medical intervention can one be cured. The medical model design has been recently restated in the work of the Carnegie Council on Children, *The Unexpected Minority* by Gliedman and Roth (1980). The core issue in this case is that all attempts to understand the handicapped individual are based upon the medical model of disability:

> From this definition a host of consequences follows. Medically certified as "ILL," the child becomes a full-time (and often) lifelong patient. Both the child and the parents are expected to accept passively the medical establishment's superior knowledge and therapeutic instructions. The child is defined as having "something wrong" and the goal is to "get well" which of course the child can never do. Indeed, the medical model sometimes suggests that all other activities, including planning for the future, are to be suspended until the child is "cured." (Coulter and Morrow, 1978, p. 188-189)

If we take these statements into further consideration when we examine the Hispanic, LEP child with handicaps, the image would be as follows: Once a Hispanic child with a handicapping condition is "certified" as "ill" a problem arises which the medical approach method cannot handle. Therapeutic instruction alone is not a sufficient means of handling the vast array of social and economic problems these children face. Although within the educational system learning dysfunction problems are labeled according to government funding definitions, the net effect of labeling for the Hispanic "handicapped" child is marginal. The handicap becomes the least of his/her problems. This child's communication needs are not respected. His/her parents' needs to understand the handicaps are not met. The final outcome is that their rights are ignored not only as citizens but also as people.

Thus, there is a need for the development of more encompassing working definitions of handicaps that will recognize the effects of cultural and linguistic differences on behavior. Further, there is a need to support the development and validation of new models of assessment and their development and field-testing. We can no longer rely on existing models which don't account for the influence of cultural and social experiences on the growth and development of handicapped individuals whose values cannot conform to societal demands.

Further issue can be taken in that the identification processes used on these children are limited. Consequently, they do not help us in acquiring the most accurate picture of the services they ought to receive. The numbers available come from the Office of Civil Rights Elementary and Secondary Schools Survey. As this title suggests, the data are based on characteristics of public school special education programs, part-time or

full-time. Consequently, they ignore the number of children in private school special education programs and other educational programs such as Head Start, Title I, and bilingual education.

Most recently there has been a need to identify the problems which occur in educational delivery programs where services overlap. Illustrating this point is the Title I, special and bilingual education program where problems of identification and placement arise from policies that specify the conditions under which a child is a candidate for services. The "diagnosis" for one type of service (or selection criteria) often deprives the LEP child from supportive and supplementary services because the child is "qualified" for more than one type of educational service. In other words, the Hispanic child qualifies for several programs. Quite often this means that one type of program does not offer the services he/she needs. Another source of problems for "multiply eligible" children is found in the limitations of services in some programs. Teaching personnel fear using diagnostic instruments in which they have little confidence to label as handicapped a bilingual special child (SRI International, August 1979, pp. 99-105).

IV. RESEARCH NEEDS

During the initial stages of my investigation of the state-of-the-art, I have identified several areas in need of research. In addition to a focus on multiple eligibility and the benefits of this situation to Hispanic children, another important area in need of attention is the attitude of the Hispanic consumer—the one who receives special education services. In the literature we find comparative studies on the attitudes of White, Black, and Hispanic parents towards certain handicapping conditions. Most works do not research the views of Hispanic handicapped persons, how they view themselves, and how they understand their parents and communities. Another concern is for the service provider's attitudes, fears and worries regarding the Hispanic handicapped child, his/her community and sociocultural background. A specific area of study with regards to the Hispanic service providers is to assess their training and capacity to deal with the handicapped individual.

While some training efforts have taken place and continue to take place, there is no documented research that indicates the levels of program effectiveness. More questions than answers arise from current programs. For example, are the programs presented in the child's mother tongue? Are their contents exportable to other bilingual special populations? What portion of the program is in the child's mother tongue? Do we truly have bilingual-bicultural special education programs? Who are the target populations? There is a need for further elaborate documentation on the Hispanic handicapped consumer and his/her family views of service providers.

Also needing to be explored are the different forms or dialects within the Spanish language used by the various Hispanic subgroups. The notion of "Spanish dialects" in the different subgroups has not been examined to determine reading levels of the different Spanish-speaking children and degrees of command of vocabulary. Questions for this area are: Does the command of Spanish differ so greatly by ethnic subgroup? How much of this difference is dialectical, and how much is the result of poor instruction?

This is a sample of the kind of research studies that will increase our understanding of the Hispanic handicapped individual.

V. CONTENTS OF THE BIBLIOGRAPHY

My bibliography is based upon works in research journals, trade journals, and data bases (Dissertation Abstracts, University Microfilms, ERIC, Project Share, Psychological Abstracts, and others).

My studies have shown that two distinct areas of research appear frequently in the literature. One area of focus is evaluation tools for the category mental retardation and its effect on Hispanic and minority child misplacements. The second area is comparative ethnic studies on attitudes of White and Hispanic parents toward their handicapped children, primarily those diagnosed as mentally retarded.

The literature on evaluation tools covers issues such as usefulness of the tools in diagnosing the four handicapping conditions previously mentioned. The works are summaries of various current controversial viewpoints on the use of standardized tools and small comparative studies among the different populations that could use the tests (Black, Hispanic and Anglo).

The bibliography accumulated thus far has been divided into six sections.

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PUERTO RICAN MOTHERS' CULTURAL ATTITUDES TOWARD CHILDREN'S PROBLEMS AND TOWARD THE USE OF MENTAL HEALTH SERVICES

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I. INTRODUCTION

There is a dearth of psychological research focusing on Puerto Rican children. However, the existing literature reports that Puerto Rican children have greater sleep, articulation, social and physical problems and inadequate intellectual development. In addition, they experience greater anxiety and fear, anger and belligerence, agitation and hyperactivity and antisocial attitudes (Canino, Earley & Rogler, 1980; Thomas, Chess, Sillen & Mendez, 1974; Langner, Gersten & Eisenberg, 1974; Zwiebel, 1979).

Epidemiological studies of mental illness among adult residents of New York City consistently show that the incidence rate of mental illness is higher for Puerto Ricans than for other ethnic groups in the total population (Srole, Langer, Michael, Opler and Rennie, 1962; Dohrenwend & Dohrenwend, 1969; Sanua, 1969; Brandon, 1975; Malzberg, 1956, 1965; Fitzpatrick & Gould, 1968).

The rate of reported admissions of children under the age of 13 to mental health facilities in New York is considerably higher for Puerto Rican than for White and Black children (Canino, et al., 1980). These admission rates do not necessarily indicate the existence of mental illness.

Researchers have documented the relationship between social class and referral of children under 13 years of age to mental health facilities (Lurie, 1974). Social agencies and schools serve as the primary sources of referral for all children. The family serves as the source of referral for larger percentages of White children than for Puerto Rican and Black children (Canino, et al., 1980). Physicians also refer more White children than Black and Puerto Rican children (Canino et al., 1980).

Children's psychiatric treatment depends to a large extent on their parents' attitudes toward mental illness. Often, children under the age of 13 depend on an adult to accompany them to the mental health clinic. Also, most mental health clinics require that at least one parent participate in the psychiatric treatment. Therefore, the attitude of parents toward seeking psychiatric help for their children's problems is a significant factor in providing mental health services to children. Many parents of emotionally impaired children fail to seek out and use the resources that are available to them (Lurie, 1974).

This paper explores the relationship between cultural attitudes toward mental illness and the frequency of utilization of outpatient mental health services among a group of Puerto Rican mothers and their elementary school children in the South Bronx, New York.

II. CONCEPTUAL BACKGROUND

Puerto Rican adults are under-represented in outpatient mental health services (Abad, Ramos & Boyce, 1974; Abad & Boyce, 1979; Brandon, 1975; Gaviria & Wintrob, 1976, 1979; Gil, 1980). The following reasons have been cited as barriers to the utilization of mental health services by Puerto Ricans: geographic inaccessibility, middle-class orientation of treatment, language barriers, and maintenance of culture-bound diagnosis and treatment (Abad, et al., 1974; Abad & Boyce, 1979; Alers, 1978; Arce & Torres-Matrullo, 1978; Arce, 1979; Brandon, 1975; Normand, Iglesias & Pahyn, 1974; Tirado, 1977). Location of the clinic within the Puerto Rican community and employment of bilingual and bicultural staff are widely recognized as basic requirements for adequate mental health services to the Puerto Rican population.

The reliance on resources other than professional psychiatric services has been studied as a variable affecting the rate of utilization. The utilization patterns of *espiritistas* (spiritualists) have been found to be complementary to mental health services (Garrison, 1977(a), 1977(b); Gaviria and Wintrob, 1979; Harwood, 1976; Lubchansky, Egri & Stokes, 1970; Koss, 1975).

Researchers have established that members of lower socioeconomic classes underutilize mental health clinics (Brandon, 1975; Hollingshead & Redlich, 1958; Lorion, 1974). However, other researchers have argued that complete social integration into the ethnic community is primarily responsible for Puerto Ricans' rejection of health and mental health services (Suchman, 1969).

Researchers also correlate social class with attitudes toward mental illness (Star, 1955; Cummings & Cummings, 1957; Hollingshead & Redlich, 1958; Srole, Langer, Michael, Opler & Rennie, 1962; Freeman, 1961; Gurin, 1960; Lemkau & Crocetti, 1962). Only a few studies have considered the variable of ethnicity. Guttmacher and Elinson (1971) reported that Puerto Ricans appear to depart further from a psychiatric frame of reference than any other group including Blacks, who share the same low socioeconomic status. Puerto Ricans as an ethnic group were less familiar with behavioral norms and conceptions of deviance than other groups studied by the authors.

Dohrenwend and Chin-Shong (1967) concluded that education and ethnicity are the most significant variables influencing ability to perceive inappropriate behavior as mental illness, while Lubchansky et al. (1970) found that cultural attitudes were more significant than education in determining the ability to identify mental illness. Gaviria and Wintrob

(1979) found a relationship between cultural conceptions of mental illness and utilization of mental health services by Puerto Ricans in Connecticut. Thus, the existing evidence on variables of class and ethnicity affecting the utilization of psychiatric services by Puerto Ricans is far from conclusive.

III. THEORETICAL CONSIDERATIONS

Cultural influences on a society's definition of illness and illness behavior has been well documented by numerous social and anthropological field studies (Zborowski, 1952; Saunders, 1954; Clark, 1959; Sanua, 1969; Croog, 1961; Zola, 1966). Social responses to the manifestations of mental disorder rest, then, upon the interpretation of particular behaviors in varied social contexts, upon the general stereotypes and criteria used as bases for labeling, and upon the beliefs that exist with reference to the categories employed. In any given milieu and era there exist general conceptions as to the nature of the deviance that we call mental disorder. In general, studies have shown that the perception and definition of illness, the functions they serve, the medical care sought, and the adjustments made are rooted in social-group factors such as religious beliefs, group values, family organization, and childrearing practices.

An approach to the study of identification of and responses to symptoms is the investigation of the attribution process itself and the ways people come to make sense and give significance to their experiences. Kadushin (1958) made one of the earliest attempts to apply attributional analysis to the study of help-seeking. He postulated that the decision to seek help is triggered by the person's self-realization that she/he has a problem and that it is an emotional problem. Kadushin (1958) found that those who discovered an emotional problem through advice from others did not remain as long in treatment as those who had a self-realization of their problems.

IV. METHOD AND PROCEDURES

Setting and Sample Population

This study was conducted in two outpatient mental health clinics of a community mental health center (henceforth referred to as CMHC), which is located in the South Bronx, New York City, where 57 percent of the population is Puerto Rican. The CMHC is located within the Puerto Rican community, and there is easy access to subway transportation to the clinic. Sixty-seven percent of the clinic's administrative, clinical, and clerical personnel are of Puerto Rican or Hispanic origin.

The sample drawn for this study is nonrandom. Forty Puerto Rican mothers were interviewed. The mothers were between the ages of 25 and

55, born in Puerto Rico and residents of the South Bronx. They all had elementary school age children (between 5 and 13 years of age) who had been referred to an outpatient mental health clinic during the period of May 1977 to May 1979.

Design and Hypothesis

The research design was a survey of utilization patterns of adult outpatient mental health services by Puerto Rican mothers and their elementary school children.

The researcher hypothesized that Puerto Rican mothers who were more frequent utilizers of the outpatient mental health clinic services would have a greater knowledge of mental illness, a higher degree of acculturation, a higher level of education, and longer length of stay in the United States than Puerto Rican mothers who were less frequent utilizers of the outpatient mental health clinic services.

Five sessions were chosen as the mean number of sessions to determine frequency of utilization based on the national average as reported by Lorion (1974). Twenty mothers who participated in less than five sessions each with the clinic's therapists were grouped in the "low frequency utilization group" (henceforth referred to as LFUG). Twenty mothers participated in five or more sessions with the clinic's therapists and were grouped in the "high frequency utilization group" (henceforth referred to as HFUG).

The researcher used a questionnaire in the interview conducted with each subject at her home. The interview lasted approximately an hour. Subjects could choose to be interviewed in English or in Spanish.

The questionnaire used was developed by Star (1955). It included items related to conceptions of mental illness; demographic data; and as the core content, six vignettes (Star, 1955; Karno & Edgerton, 1969) depicting fictitious descriptions of different individuals suffering from mental illness, such as "paranoid adult male," "severe depressed middle age woman," "childhood behavior disorder," "aggressive delinquent behavior teen-aged boy," "acute schizophrenic reaction in a teen-aged girl," and "woman with an *ataque*"* (Gil, 1980). The researcher constructed the Mental Illness Identification Scale (M.I.I.S.) from the responses to these vignettes. Each subject obtained a numerical score, indicating the degree of readiness to identify mental illness in the vignettes.

In addition the questionnaire included the acculturation scale (Szapocznik, Scopetta, Kurtnez & Arnalde, 1978) which consisted of 20 behavioral acculturation items dealing with language, daily customs and habits, and idealized life style.

The questionnaire consisted of a total of 119 items, some of them

Ataque, a form of hysteria, is a psychiatric phenomenon which appears in the literature as the Puerto Rican Syndrome.

relating to utilization of physicians and folk healers. Some of the questions were open-ended, while others were multiple choices.

V. RESULTS

Socioeconomic and Demographic Characteristics of Sample Population

Mothers in the HFUG with an average age of 41 years were slightly younger than those in the LFUG whose average age was 43 years. There was a slight difference in the number of children living at home: mothers in the HFUG averaged 3.2 children, while those in the LFUG averaged 2.9 children. In both groups, marital status was the same: 14 out of 20 (70 percent) of the mothers were "unaccompanied."

Some variation existed in the employment status of those in the HFUG and those in the LFUG: Four out of 20 (20 percent) of HFUG mothers worked, while none in the LFUG did. There was no statistically significant difference in public assistance status between mothers in the two groups.

There was a statistically significant difference in location of the mother's last year of schooling. The majority of LFUG mothers, 18 out of 20 (90 percent) spent their last school year in Puerto Rico, while only 10 out of 20 (50 percent) of the HFUG women spent their last school year in Puerto Rico. Also, there was a statistically significant difference in the number of years of education. The average number of years of education for the mothers in the LFUG was 7.1 while mothers in the HFUG had an average of 9.3 years. And, the Puerto Rican mothers in the latter study seemed to have socioeconomic characteristics similar to those of the rest of the population of the South Bronx.

Source of Referral and Use of Services

The majority of the children of the Puerto Rican mothers in both groups, 90 percent in the LFUG and 75 percent in the HFUG, were referred to the outpatient mental health clinic by school personnel. There is no statistically significant difference in the source of referral; this finding is consistent with that of Canino, et al. (1980).

Children of the mothers in the HFUG kept an average of 10.3 appointments, while their mothers kept 8.20 appointments. There is no statistically significant difference between the number of appointments kept by the mothers and their children in the HFUG. Children of the mothers in the LFUG kept an average of 3.2 appointments and their mothers kept an average of 2.15 appointments. There is no statistically significant difference between the number of appointments kept by the mothers and their children in the LFUG. The findings of this study suggest that when the Puerto Rican mothers have a higher frequency of utilization of outpatient mental health clinic services, their children will also have a higher frequency of utilization of outpatient mental health services. Mothers who are less frequent utilizers of the clinic services will

allow their children to receive psychiatric services, even though they do not participate in the psychiatric treatment.

Knowledge of Mental Illness, Acculturation, Education, and Residency in the U.S.

As reported elsewhere (Gil, 1980), the hypotheses that Puerto Rican mothers utilized the outpatient mental health clinic more frequently because they had a higher degree of acculturation, higher level of education and longer length of stay in the U.S. than mothers in the LFUG were supported by the data. However, the knowledge of mental illness was not found to be a significant variable in the utilization of mental health services by the subjects as suggested by Kadushin (1958). Kadushin's subjects were not foreign born nor of a low socioeconomic status, as were the subjects of this study. The evidence presented in this research suggests that the degree of acculturation to the mainland United States culture is the most significant predictor of the utilization of outpatient mental health services by Puerto Rican mothers.

Perception of the Children's Problems

Thirty percent of the Puerto Rican mothers in both groups perceived learning problems as the reason for the referral of their children to the mental health clinic. The majority of the children in the LFUG, 17 out of 20 (85 percent), were referred, as reported by their mothers, for reasons related to school (e.g., learning problems, aggressive behavior in school, and truancy), while only 9 out of 20 (45 percent) of the HFUG mothers perceived the referral as related to the above reasons. Fifty-five percent of the mothers in the HFUG believed their children's symptoms were related to medical or psychological problems (mental retardation, sleep disturbances, organic hyperactivity, psychological symptoms), while only 15 percent of the mothers in the LFUG cited these reasons. There is a statistically significant difference in the mothers' perceptions of the problems that precipitated referral of their children to the mental health clinic.

The majority of the children (58 percent) of the mothers in the LFUG and HFUG were diagnosed by the clinic's psychiatrist as having behavior disorders of childhood. Only 1 out of 19 (5 percent) of the children in both groups were psychiatrically diagnosed as having "learning disabilities." This finding suggests a discrepancy between the mothers' perceptions of the problem and those of the evaluating psychiatrist. There is an even greater discrepancy of perception between the mothers in the LFUG and the psychiatrist, since these mothers tended to see their children's problems in a less medical psychiatrically-oriented manner.

In this study, differences in conceptualization and identification of symptoms of mental illness are evident in the discrepancy of the perception of the children's problems by the Puerto Rican mothers and the

psychiatric evaluators. The Puerto Rican mother does not conceptualize the problem that brought her child for psychotherapy as rooted in his/her lifestyle. She does not feel it is subject to adaptation by change in, for example, the parent/child or family relationship.

The mothers' dissatisfaction with the clinic has been discussed in a separate report (Gil, 1980). Suffice it to say that more mothers in the LFUG expressed dissatisfaction with the clinic than did mothers in the HFUG. The mothers expressed dissatisfaction with the therapists (30 percent in the LFUG and 35 percent in the HFUG), treatment modalities (35 percent in the LFUG and 10 percent in the HFUG), and disagreement over the need for psychiatric treatment of their children (20 percent in the LFUG and 5 percent in the HFUG). The subjects' dissatisfaction seemed to reflect differences in their levels of acculturation, since the more acculturated mothers were more satisfied with the mental health services.

The Use of "Espiritismo" (Spiritualism)

The prevalence of belief in spiritualism was quite high among the Puerto Rican mothers in both groups, 85 percent in the LFUG and 75 percent in the HFUG. There was no statistically significant difference between the responses of the two groups.

Also, there was a higher percentage of mothers in both groups who utilize spiritualist services. Fifty percent of the mothers in the LFUG and 40 percent of those in the HFUG had visited spiritualists within the last three months of the researcher's interview. These mothers consulted a spiritualist about relationship, nervous, mental, sexual and health problems. It is possible to speculate that Puerto Rican mothers might also consult spiritualists about their children's problems. The rate of utilization of spiritualists by Puerto Rican children has not been established in the literature.

Puerto Rican mothers consult spiritualists on the above mentioned problems because they perceive the causes of these problems as spiritual in nature. These beliefs about the etiology of mental illness suggest a paradigm, a spiritual model, which is very different from the medical model. The medical perspective of mental disorders assumes that patients' observed symptoms are manifestations of some underlying psychopathology, while the spiritual model explains that symptoms, whether organic or psychological, are caused by the influence of good and evil spirits. Thus, the spiritual paradigm places a heavy emphasis on supernatural influences in the etiology of mental illness.

Eighty percent of the therapists working with the mothers and their children in this study were of Puerto Rican and/or Hispanic backgrounds, which suggests the possibility that they are knowledgeable about the spiritual model. However, they have to diagnose and treat patients according to the medical model in which they were trained. The discrepancy between attribution of causality and treatment of mental disorders between the Puerto Rican patient and mental health profes-

sionals explains the reasons why the Puerto Rican mothers sought the help of spiritualists rather than mental health professionals.

The data presented do not support the assumption that Puerto Rican mothers' belief in and utilization of spiritualism is the reason for the lower frequency of utilization of the clinic services among the mothers of the LFUG. The mothers in the HFUG also utilized such services nearly as often as the women in the low frequency utilization group. Thus, a higher level of acculturation appears not to deter mothers from their beliefs in and utilization of spiritualism.

Due to the nature of the sample and the small number of respondents, these exploratory results must be considered suggestive but not conclusive. A larger, more representative sample which includes indicators of socioeconomic status of subjects and therapists would contribute substantially to future analyses.

VI. CONCLUSIONS

School personnel play a significant role in the referral of low socioeconomic Puerto Rican children in the public elementary school to the mental health system.

The help-seeking behavior of the Puerto Rican mothers studied is highly influenced by the degree of acculturation to the dominant culture of the United States. The frequency of utilization of the mental health services is not determined by the knowledge of mental illness but by the degree of acculturation. The differences in degree of acculturation are manifested in different utilization behavior. Puerto Rican mothers who are more acculturated are more satisfied with the clinic services and have a higher frequency of utilization. The mothers' degree of acculturation seems to be a significant factor in the frequency of utilization of mental health services by Puerto Rican children.

The retention of Puerto Rican cultural patterns is influenced to a certain extent by the individual's level of education and length of stay in the United States. Social scientists (Glazer & Moynihan, 1963; Novak, 1971; Gans, 1980) have indicated that even middle-class, third generation individuals show behavior expressive of their ethnic backgrounds. Ethnic identity is expressed in action and feelings, irrespective of class and length of stay in the United States. Puerto Ricans will undoubtedly progress further along the acculturation and assimilation continuum. However, cultural patterns will probably persist for generations to come.

The conception and causality of mental illness held by the migrant mothers are to a great extent based on the "magical" philosophy of life. They are high in external locus of control and therefore have more difficulty in becoming introspective and in seeking mastery over their lives through "non-magical" means such as the psychiatric medical model.

Puerto Rican mothers have a folk system of "psychotherapy" which serves as an alternative means of coping with psychiatric illness.

Spiritualism serves this function in the Puerto Rican community. This study found spiritualism to be supportive therapy for Puerto Rican migrant mothers. It may act both as an alternative and supplement to professional mental health services.

VII. IMPLICATIONS

The findings of this study suggest the need for school personnel and mental health practitioners to have a thorough knowledge of Puerto Rican culture. The effectiveness of the referral process of Puerto Rican children to mental health facilities seems to require the referring agent (school personnel) and the receiving agent (mental health practitioner) to understand the Puerto Rican mother's difference in perception, conceptualization, and attribution of causality of symptoms exhibited by her child. The absence of agreement on the child's problem may lead the mother to discontinue her child's treatment.

School personnel and mental health practitioners need to take into consideration in their diagnostic and treatment techniques the particular cultural beliefs of the Puerto Rican community.

The high prevalence of utilization of spiritualists among Puerto Rican migrant mothers suggests the need to bridge the gap between spiritualists and mental health practitioners and educators. A series of workshops where spiritualists could meet with professionals is a possibility.

The data presented support the need to provide mental health consultation and education services to the Puerto Rican community. Two possible vehicles, television and radio, could be utilized to disseminate mental health and mental illness information.

The findings of this study also call for further research to determine the prevalence of belief in and utilization of spiritualism by Puerto Rican children and adolescents. Further research should be done to determine how the levels of acculturation affect different treatment modalities (e.g., short-term, crisis intervention, individual, group and family therapy) and referral processes from school personnel to mental health services.

During the past twenty years, citizens of the United States learned, sometimes painfully, a new meaning of "pluralism." Ethnic differences required not only recognition of ethnicity but the adaptation of institutions to properly serve the population that is, and will remain, culturally different from the dominant culture.

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TRAINING EDUCATORS TO MEET THE NEEDS OF HISPANIC EXCEPTIONAL STUDENTS: A PERSPECTIVE

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I. INTRODUCTION

The training perspective outlined in this paper will be that of the Masters Degree Program in Bilingual Special Education offered at Bank Street College of Education. Bank Street College initiated its graduate program in bilingual special education in September 1977. Presently there are 23 matriculated students in the program, each supported by either a Title VII trainingship or by a fellowship from the Office of Special Education. Since its inception, the program has focused on the training of special educators to serve Hispanic children with special needs. However, beginning in September 1981, the program plans to expand to include teachers of Haitian backgrounds.

II. THE NEED

In the New York City school system, Hispanic handicapped children are experiencing severe educational problems. They have not only suffered from a lack of qualified bilingual special educators, but have also been deprived of adequate diagnostic procedures. Many limited English proficient (LEP) students have been diagnosed incorrectly as children with learning, emotional or behavioral problems, simply because they could not relate to the English language and to culturally different tests which purport to measure the intellectual, emotional, social, and behavioral areas. On the other hand, there are many Hispanic children who do indeed have learning or behavioral disorders and are in need of special education services. However, their disabilities are often masked by linguistic and cultural differences between them and their monolingual English-speaking teachers.

Recent court cases are mandating that LEP handicapped children be evaluated through testing materials and procedures determined to be racially and culturally nondiscriminatory (*Isaac Lora, et al,* v. *New York City Board of Education*). In such cases as *Jose P.* v. *New York State Commission of Education and the New York City Board of Education* and *Dyrcia S.* v. *New York City Board of Education,* the court found that the defendants had failed to provide handicapped children, ages 5 through 21, a free appropriate public education in a timely manner. In the *Dyrcia S.* case, the plaintiffs sought relief to redress defendants'

violation of their right to an appropriate bilingual-bicultural special education program, guaranteed by various Federal and State statutes and regulations, the Fourteenth Amendment to the United States Constitution, and the Consent Decree entered in *Aspira of New York, Inc.* v. *Board of Education, 72 Civ. 4002* (S.D.N.Y.). The implications of these class action suits in terms of assessment and placement of LEP handicapped children and the need for bilingual special educators are evident.

Many of the recent court decisions have been based on rights guaranteed under Public Law 94-142. This Law specifies that parents have a right to receive communications in their native language and that each child has the right to be evaluated in his/her dominant language.

The legal mandates requiring bilingual special education have created a critical shortage of bilingual teachers trained in special education. According to a 1976 survey conducted by the Office of Civil Rights of the Office of Education, Table 1 illustrates the extent of the problem in the four States with highest numbers of Hispanic students.

Table 1

State	Total Pop.	Total Hispanic	Total Handicapped	Total Hispanic Handicapped
California	4,313,926	851,884	245,179	42,057
Illinois	2,211,075	105,183	181,199	8,344
New York	3,270,428	352,421	116,833	14,002
Texas	3,827,101	706,181	233,461	58,556

Data obtained from OE/OCR

Need for Early Childhood Specialists

Federal legislation mandating the education of handicapped children age three and up, and the increased efforts of Child Find point to the need for the preparation of educators to work with preschool handicapped children from English-speaking as well as non-English-speaking homes. Many handicapped young children have already been integrated into Day Care, Head Start, and other mainstreamed early childhood settings. There is presently a thrust for therapeutic nurseries to serve minority handicapped children between the ages of three and five years. A review of research findings supports the belief that early intervention can lead to the prevention of more serious difficulties later (Susan Wynne, *Mainstreaming and Early Childhood Education for Handicapped Children*, Bank Street Publications Division, New York, N.Y., 1975). In addition, transitional programs for those who will eventually be able to move into less restrictive environments are also urgently needed (Wynne, 1975). There is general agreement among bilingual education experts that children under four should be educated in their

home language since it enhances language development and fosters a close relationship with the family, whereas activities in English might serve to disrupt the parent/child bond.

Early childhood bilingual special education training should provide an integrated program that incorporates early childhood, special education, and bilingual/multicultural competenceis. It should also foster understandings and experiences by the bilingual teacher in relation to *normal* preschool children, since the teacher who has worked only with handicapped children may lose perspective on what is and is not appropriate behavior and skill for a given age.

In addition to the need for prepared teachers, there is also a critical need for bilingual personnel with advanced degrees to join the faculties of colleges and universities interested in initiating training programs in bilingual special education. Therefore, bilingual individuals should be encouraged to enroll in post-master's or doctoral level work in the fields of language development and disorders, psychology, and special education.

III. PROGRAM DESIGN

Bank Street's approach to the preparation of educational personnel is based on its approach to the education of children, an approach which lies deep within the progressive education movement. Its present view of the teaching-learning process has evolved from a synthesis of Dewey's philosophical insights on the educational process with the developmental theories of Freud, Erikson, and Piaget. This approach is characterized by educational practices that involve the education of whole people; signify that learning is an interactive process and an outgrowth of experience; indicate the educator's sensitivity to the developmental level of the learner; and embody an appreciation for learning as a continuous process of growth for each person at different rates toward differentiated goals. These principles provide the source for the substantive component of the teacher education programs in bilingual special education.

The rationale for the design of the teacher education programs emerges from these principles. Barbara Biber and Charlotte Winson (*Bilingual Education: Training Program Proposal,* Bank Street College of Education, New York, N.Y. 1977, p. 38, Mimeographed) have articulated the postulates underlying this design:

> Of critical importance is the assumption that teaching competence and style is tied not only to the information a teacher gets in training, but also very crucially to the mode in which the teacher experiences and internalizes the information and through which he transmits it into continuous professional growth. This assumption leads to a model of learning which engages the student...in concurrent mastery of theory and responsible apprentice-training; activates feeling as well as thinking; and regards personal maturity as relevant to professional competence.

A student's professional development, then, is largely dependent on an interaction and integration of theoretical learning and the applied field

experiences, the quality of faculty-student interaction, as well as the milieu which fosters and integrates this model of a teacher education program.

Philosophical Basis of the Program

Most bilingual special education programs cannot avoid heterogeneous grouping in terms of language, academic, and cultural needs of the students involved. Special educators need to be capable of individualizing instruction according to the needs and strengths of each child. In applying the educational principles of "meeting the child at his level" teachers must also address the language and cultural background of the child. This skill becomes an absolute must in a bilingual setting where the language and culture of the child become variables to consider as important as the handicapping condition itself. The bilingual special educator should be expected to learn to enact a wide range of teaching/learning strategies, methods, and modes. The learning of teaching methods should take place in the context of total curriculum development; knowledge of content of various disciplines; examination of underlying principles and values; and immersion in educational materials—commercial and teacher made.

I am suggesting that the training of special educators should focus on providing teachers with a set of generic teaching competencies, i.e., skills related to effective teaching of all children. Such training should emphasize the development of a profound understanding in teachers of child development and curriculum as well as of individual differences in terms of cognitive styles and preferred modes of learning. Such training would produce teachers capable of serving the educational needs of normal children as well as children with mild to severe handicapping conditions in a variety of educational settings (regular classroom, self-contained special education classroom, generic resource room, etc.).

IV. PROGRAM DEVELOPMENT

Some suggestions follow on how I.H.E.'s may go about offering such a teacher training program based upon the philosophical approach described above.

A bilingual special education teacher training program should grow out of the education of the bilingual child in the regular classroom. Learning activities should include courses in normal child development and curriculum as well as supervised field experiences in regular bilingual settings. These experiences are of great value, since so many Hispanic children with mild handicapping conditions in self-contained special education classrooms are expected to eventually be mainstreamed and served through a Resource Room program. Colleges should help teachers become knowledgeable in the "normal" academic and language functioning of English- and Spanish-speaking children so that program

graduates will be able to differentiate between those "normal" Hispanic children with apparent handicapping conditions and those who are truly impaired.

Bilingual special education training activities should be integrated into the ongoing special education and regular education training activities to the maximum degree which is possible. This integrative approach will allow all bilingual and non-bilingual students to share ideas and concerns and gain new insights into their own style and competencies as teachers. Through sharing in courses and practica, students and faculty members who are not bilingual learn from those who are involved in the Hispanic culture and the issues concerning the education of the Hispanic handicapped child.

The approach described opposes segregation of bilingual and non-bilingual students. Whenever possible, students should experience common courses with bilingual components taught by a team of experts in the education of non-bilingual and bilingual handicapped children. Students should also experience common courses in regular education (normal child development and curriculum courses), that will enable them to focus on the functioning levels of children and to de-emphasize the handicapping condition. In addition, it is of utmost importance that bilingual faculty members teach courses required of non-bilingual as well as bilingual students. Through this approach bilingual students create the need for non-bilingual faculty members to become involved in staff development activities in bilingual education. Professors will experience the need to become more knowledgeable about and sensitive to the issues in the field so that they may respond to the specific needs of bilingual students enrolled in their courses. Course outlines and bibliographies of non-bilingual courses will have to be modified to address the needs of the bilingual student population.

Programmatic Concerns/Teacher Competencies

Although ideally there should be enough bilingual teachers trained in special education to serve all LEP handicapped children, the fact remains that the number of bilingual persons interested in special education is limited. Therefore, colleges are faced with the task of training two different types of individuals. The first are students or working teachers who are proficient in the target language and are interested in becoming bilingual special education specialists (Group #1). The second are those monolingual, English-speaking teachers interested in becoming sensitive to the linguistic, cultural, and educational needs of minority handicapped children (Group #2). I perceive the training of the first group as either *pre-service* or *in-service*, providing in both cases the same experiences and hence developing the same competencies. I consider the training of the second group only in-service in nature.

What follows is a brief discussion of the admissions criteria, functions, roles and competencies suggested for the two groups described above.

Group I (Bilingual Special Education Specialists)

1. Individuals who wish to become bilingual special educators must be able to demonstrate oral and written language proficiency in English and Spanish and have a clear understanding and sensitivity to the cultural background of the children to be served.

2. Roles and functions of program graduates
   Graduates of this program should be prepared to serve in the following roles and to perform the following functions:

   a. Special Education teacher to work with English and/or Spanish speaking handicapped children.
      Functions:
      1. Diagnose child's strengths and weaknesses utilizing formal and informal assessment measures.
      2. Determine language dominance and proficiency of the Hispanic children.
      3. Develop and implement individualized educational programs for each child.
      4. Work with support systems (parents, classroom teachers, interdisciplinary teams) to coordinate efforts for each child's benefit.
      5. Serve as an advocate of all handicapped students.
      6. Teach in public education settings, early childhood through elementary grades.
      7. Teach in public or private clinical settings (therapeutic nurseries).
      8. Teach in residential, treatment or hospital settings.

   b. Resource room teacher able to work with English and/or Spanish-speaking children.
      Functions:
      1. a. 1 through 5.
      2. provide individualized or small group instruction to mainstreamed bilingual children with special needs.
      3. Assist regular classroom teachers with the educational program of bilingual handicapped children.
      4. Provide regular classroom teachers with continuous in-service training in the areas of assessment and teaching of bilingual handicapped children.

   c. Bilingual/Multicultural specialist in special education.
      Functions:
      1. a. 1 through 5.
      2. Develop informal bilingual assessment instruments in the areas of perceptual, academic, and language functioning.

3. Develop bilingual/multicultural materials appropriate for bilingual children with special needs.
4. Assist special educators in meeting the linguistic and cultural needs of Hispanic handicapped children.

d. Bilingual Diagnostician
Functions:
1. Administer standardized tests in the areas of perceptual, academic, and language functioning.
2. Develop and use informal bilingual assessment instruments.
3. Analyze the child's characteristic "learning style" and current "learning skills."
4. Provide written recommendations for the child's most appropriate placement.
5. prepare a written report on the child's strengths and weaknesse. and recommendations for educational intervention.
6. Work as a member of an interdisciplinary evaluation team (psychologists, speech therapists, social workers, parents, etc.)

3. Competencies
The bilingual special education program should prepare bilingual teachers to:
a. Assist students in achieving their full academic potential in the home language and culture as well as in English.
b. Teach reading, science, social studies and other academic and non-academic subjects in the home language and in English, using those methods most suited to each child's learning style.
c. Understand the developmental process of first and second language acquisition and language disorders in bilingual children.
d. Develop and implement an elementary school curriculum for bilingual children with special needs.
e. Create, evaluate, and use bilingual/bicultural materials.
f. Diagnose each student's strengths and needs, and develop appropriate learning activities based upon these.
g. Understand the etiology of emotional disturbance and learning problems as well as alternative approaches to working with emotionally disturbed and learning disabled children.
h. Differentiate among difference, delay, and disorder when evaluating a child's language.
i. Apply theoretical understanding in clinical work with parent and child.
j. Implement the concept of clinical teaching in a bilingual setting.
k. Understand the legal basis for special education and the implications for classroom instruction.

Group II (In-Service Training of Monolingual English-Speaking Teachers)

1. Admissions Criteria

   Teachers working with Hispanic handicapped children and interested in participating in an in-service training program in bilingual special education should be truly interested in the cultural background of the children and committed to a multicultural approach to education.

2. Roles and Functions of Program Graduates

   Graduates of in-service training programs should be prepared to serve in the following roles and perform the following functions:

   a. Special education teacher to work with handicapped children from Hispanic homes.

      Functions:

      1. Develop multicultural curriculum activities.
      2. Informally assess Hispanic child's strengths and weaknesses taking into account cultural, linguistic and class background.
      3. Serve as an advocate for the Hispanic handicapped children.
      4. Work with support systems (parents, resource room teacher, bilingual specialist) to coordinate efforts for each Hispanic child's benefit.

3. Competencies

   The bilingual special education in-service program prepares special education teachers capable of:

   a. understanding the historical factors, cultural characteristics, and behaviors of diverse Hispanic groups.
   b. understanding the developmental process of first and second language acquisition and language disorders in bilingual children.
   c. understanding the impact of poverty on Hispanic families and the impact of class and cultural discrimination.
   d. understanding the background of Federal legislation on bilingual education and handicapped children's education.
   e. implementing multicultural educational activities.
   f. understanding and becoming aware of personal attitudes and biases that affect teachers' relationship with Hispanic family members.
   h. implementing appropriate activities to include the Hispanic family as an instructional resource.

Although the focus of this paper has addressed the needs of Hispanic

handicapped children, the guidelines provided are applicable to all teacher preparation programs serving handicapped children from non-English speaking homes.

V. CONCLUSION

Before concluding, I would like to briefly discuss some of the major issues in the bilingual special education field that have direct implications for the training of personnel. The issues and problems in bilingual special education are essentially the same as those confronting bilingual educators on a day-to-day basis. However, the additional variable of the presence or absence of a handicapping condition accentuates the problems.

I have discovered that it is absolutely critical for bilingual special educators to be knowledgeable about the legal, linguistic, and educational basis for a bilingual/multicultural approach to the education of handicapped LEP children. Many parents and children say their lack of English skills and their initial participation in bilingual programs are to blame for their disabilities. A well-informed teacher will be able to talk to parents, teachers, and administrators about the goals of a bilingual approach to special education.

It is expected that, in the near future, more LEP children with disabilities will be kept longer in regular bilingual classrooms before being referred for a formal evaluation by the Committee for the Handicapped.* Therefore, regular bilingual teachers urgently need in-service training in speical education to be able to effectively meet the differentiated needs of these children.

Training programs must provide trainees with learning experiences (courses, practica, etc.) that will make them thoroughly knowledgeable about the first and second language acquisition of normal and special children. Bilingual teacher training programs must emphasize the assessment of language dominance and proficiency. Bilingual special educators should be able to collect and analyze language samples of children and provide recommendations for further language development in the first as well as second languages.

Bilingual special educators need to be trained to function as change agents in the school setting. They must inform parents of all their rights under the law. The legal basis for bilingual education and special education should be covered in depth through small group discussion, speakers, audiovisual materials, and role-playing.

There is a critical need for successful models in bilingual special education. Models that "work" are only possible when teachers are effective

*In addition, mildly handicapped LEP children will be mainstreamed into regular bilingual classrooms.

in the classroom. Training programs must prepare teachers to meet the educational needs of each individual child. This can be accomplished only through programs that emphasize the practical aspects of teaching actual work with children throughout the training program.

Parental involvement in bilingual special education cannot be overemphasized. It is extremely important that teachers involve parents in their child's educational program, not only through their input in the individualized educational program, but by providing follow-up at home of some of the behavior-management and language-development techniques used in the classroom. To make this possible, teachers must see parents as their allies and make them feel important in relation to their child's educational program.

Finally, we need to begin focusing our energies on early childhood special education programs and the training of qualified personnel. Many therapeutic nurseries serving LEP children throughout New York City have employed monolingual teachers who for the most part are insensitive to the linguistic and cultural backgrounds of the children. Children in these preschool settings are quickly labeled "retarded," "emotionally disturbed," "non-verbal," etc. I am convinced that a real effort to train bilingual early childhood specialists will improve the future of these children, since early intervention, it is hoped, will in most cases prepare them to enter regular kindergarten classrooms.

SPECIAL EDUCATION AND THE HISPANIC CHILD
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February 5

Welcoming Remarks
Mario Anglada, Director, Aspira Center for Educational Equity; Herminio Martinez, Associate Director of Training and Evaluation, Institute for Urban and Minority Education; and Ray Valdivieso, Director, Aspira Center for Educational Equity

The Handicapped Child's Right to Meaningful Education
Ms. Norma Solis, Staff Attorney, Mexican American Legal Defense and Education Fund

***Jose P.* and the Right to Bilingual Special Education**
Ms. Lizette Cantres, Attorney, Puerto Rican Legal Defense and Education Fund

Issues in the Identification of Hispanic Children with Learning Problems: A Case Study of the Translation and [illegible]orming of Two Screening Tests for Use in Puerto Rico
Dr. Margaret Jo Shepherd, Coordinator of the Learning Disabilities Program, Department of Education, Teachers College, Columbia University

Factors to be Considered When Assessing Bilingual Hispanic Children
Dr. Rafaela Weffer, School of Education and Director of the Division of Human Development, DePaul University

February 6

Training Educators to Meet the Needs of Hispanic Exceptional Students: A Perspective
Dr. Carmen Ortiz, Director of Bilingual Programs, Bank Street College of Education

Puerto Rican Mothers' Cultural Attitudes Toward Children's Problems and Toward the Use of Mental Health Services.
Dr. Rosa Maria Gil, School of Social Work, Columbia University

Preliminary Report on a Project to Examine the State of the Art in Assessment of Hispanic Children Suspected of Handicaps
Dr. Eva Gavillan-Torres, Fellow, Rockefeller Foundation Minority Scholars Program and Aspira Center for Educational Equity.

Overview of Current Practices
Ms. Carmen Perez, Chief, Bureau of Bilingual Education of the New York State Department of Education; and Ms. Ana Lopez, Chief, Bureau of Bilingual Education of the New Jersey State Department of Education

Concluding Remarks
Dr. Jose Vasquez, Director of Bilingual Programs, Hunter College